



004002-003348.DAC.229508

**DECLARATION AND POWER OF
ATTORNEY
FOR PATENT APPLICATION**

<input type="checkbox"/> Declaration submitted with Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	COMPLETE IF KNOWN	
		Application No.	10/633,285
		Filing Date	8/1/2003
		Group Art Unit	
		Examiner's Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SYSTEMS AND TECHNIQUES FOR ILLUMINATING A SURGICAL SPACE

the specification of which
(check one)

- is attached hereto.
- Was filed on Aug. 1, 2003 as United States Application No. or
PCT International Application No. 10/633,285
- And was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority/Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/400,563	08/02/2002

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number →

OR

Place Customer Number Bar Code Label Here

Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
*	*		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

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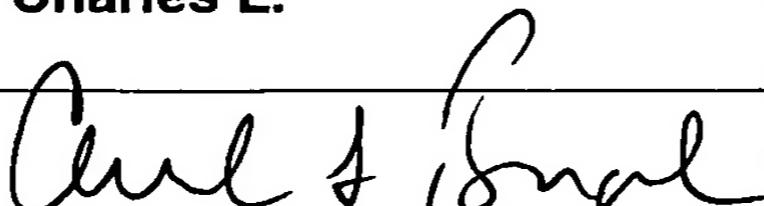
OR

Correspondence address below

Name	Douglas A. Collier, Esq.				
Firm Name	WOODARD EMHARDT MORIARTY McNETT & HENRY LLP				
Address	111 Monument Circle, Bank One Tower, Suite 3700				
Address					
City	Indianapolis	State	IN	ZIP	46204
Country	USA	Telephone	317/ 634-3456		Fax 317-637-7561

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:

Given Name (first and middle, if any)	Charles L.	Family Name or Surname	Branch
Inventor's Signature:		Date of Signature:	June 30, 2003
Residence: (City, State, Country)	Advance, North Carolina, USA		
Citizenship:	USA		
Post Office Address:	177 Plantation Lane, P.O. Box 320 Advance, North Carolina 27006		

Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Kevin T.	Family Name or Surname	Foley
Inventor's Signature:			
Residence: (City, State, Country)	2877 Keasler Circle West, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	2877 Keasler Circle West Germantown, Tennessee 38017		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Maurice M.	Family Name or Surname	Smith
Inventor's Signature:			
Residence: (City, State, Country)	Cordova, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	9285 Oak Knoll Cove Cordova, Tennessee 38018		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Thomas E.	Family Name or Surname	Roehm, III
Inventor's Signature:			
Residence: (City, State, Country)	Braden, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	410 Highway 59 Braden, Tennessee 38010		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Harold S.	Family Name or Surname	Taylor
Inventor's Signature:		Date of Signature:	July 25 2003
Residence: (City, State, Country)	Memphis, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	689 East Drive Memphis, Tennessee 38112		

DECLARATION**Registered Practitioner Information
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number
C. David Emhardt	18,483	David A. Warmbold	30,897
Joseph A. Naughton, Jr.	19,814	James J. Bindseil	42,326
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James M. Durlacher	28,840		
Charles R. Reeves	28,750		
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R. Randall Frisk	32,221		
Daniel J. Lueders	32,581		
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Denise M. Gosnell	51,748		
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APR 6 5 2004

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Declaration submitted with
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Declaration
Submitted after
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(surcharge (37 CFR
1.16(e)) required)

Attorney Docket Number	4002-3348/PC700.00
First Named Inventor	Charles L. Branch
COMPLETE IF KNOWN	
Application No.	10/633,285
Filing Date	Aug. 1, 2003
Group Art Unit	
Examiner's Name	

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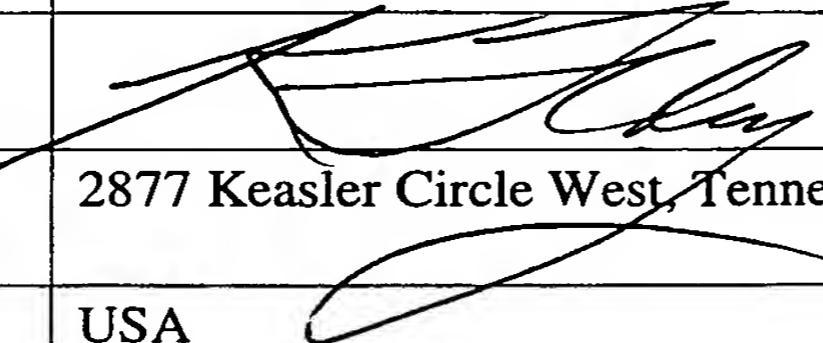
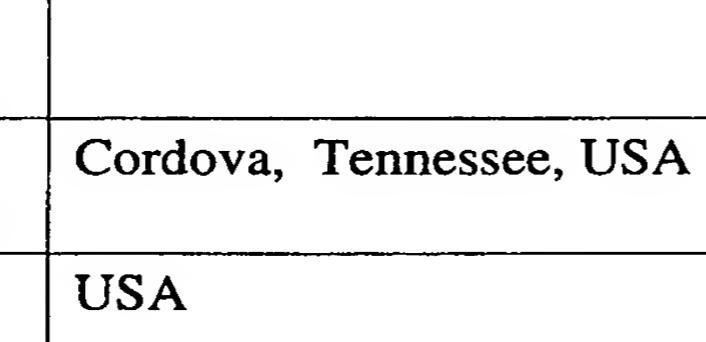
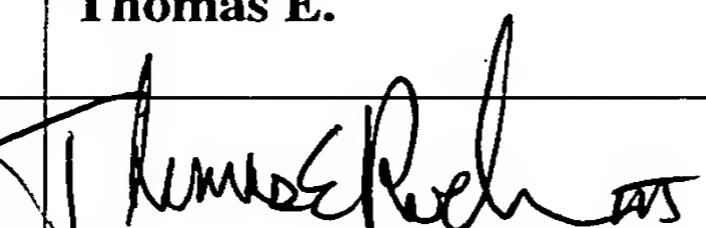
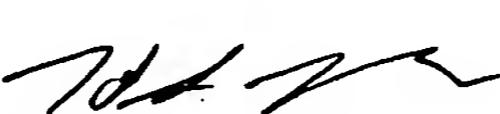
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Full name of sole or first inventor:

Given Name (first and middle, if any)	Charles L.	Family Name or Surname	Branch
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)	Advance, North Carolina, USA		
Citizenship:	USA		
Post Office Address:	177 Plantation Lane, P.O. Box 320 Advance, North Carolina 27006		

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Given Name (first and middle, if any)	Kevin T.	Family Name or Surname	Foley
Inventor's Signature:			
Residence: (City, State, Country)	2877 Keasler Circle West, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	2877 Keasler Circle West Germantown, Tennessee 38017		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Maurice M.	Family Name or Surname	Smith
Inventor's Signature:			
Residence: (City, State, Country)	Cordova, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	9285 Oak Knoll Cove Cordova, Tennessee 38018		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Thomas E.	Family Name or Surname	Roehm, III
Inventor's Signature:			
Residence: (City, State, Country)	Braden, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	410 Highway 59 Braden, Tennessee 38010		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Harold S.	Family Name or Surname	Taylor
Inventor's Signature:			
Residence: (City, State, Country)	Memphis, Tennessee, USA		
Citizenship:	USA		
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Type a Plus sign (+) inside this box →

+

WENMM SB/02C (4/01)

DECLARATION

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Application No.	10/633,285
Filing Date	8/1/2003
Group Art Unit	3739
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OR		Place Customer Number Bar Code Label Here	
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Given Name (first and middle, if any)	Charles L.		Family Name or Surname	Branch	
Inventor's Signature:			Date of Signature:		
Residence: (City, State, Country)	Advance, North Carolina, USA				
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Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Kevin T.	Family Name or Surname	Foley
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Citizenship:	USA		
Post Office Address:	2877 Keasler Circle West Germantown, Tennessee 38017		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Maurice M.	Family Name or Surname	Smith
Inventor's Signature:		Date of Signature:	3-22-04
Residence: (City, State, Country)	Cordova, Tennessee, USA		
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Full name of additional joint inventor, if any:			
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